



RPTO/SB/21 (08-00)

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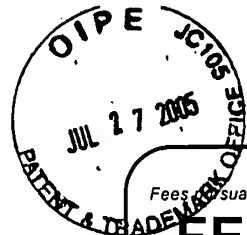
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/005,473	
	Filing Date	November 6, 2001	
	First Named Inventor	Kreang-Arekul	
	Group Art Unit	2625	
	Examiner Name	Choobin, B.	
Total Number of Pages in This Submission	7	Attorney Docket Number	021106-000510US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Return receipt postcard 2) PTO/SB/08A and PTO/SB/08B forms 3) One (1) Reference
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. Total number of pages <u>does not</u> include cited references.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	Townsend and Townsend and Crew LLP Sujit B. Kotwal Reg No. 43,336
Signature	S.B. Kotwal
Date	July 21, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: July 23, 2005			
Typed or printed name	Christopher R. Fitting		Date
Signature			July 23, 2005

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 180.00)

Complete if Known

Application Number	10/005,473
Filing Date	November 6, 2001
First Named Inventor	Kreang-Arekul
Examiner Name	Choobin, B.
Art Unit	2625
Attorney Docket No.	021106-000510US

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims

_____ -20 or HP = _____ x \$ _____ = \$0 Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

_____ -3 or HP = _____ x \$ _____ = \$0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement (after office action)

Fees Paid (\$)

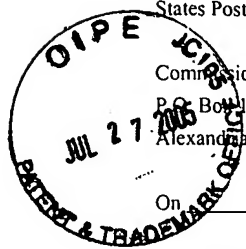
180.00

SUBMITTED BY

Signature	<u>S. B. Kotwal</u>	Registration No. (Attorney/Agent)	43,336	Telephone	(650) 326-2400
Name (Print/Type)	Sujit B. Kotwal	Date	July 21, 2005		

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PATENT
Attorney Docket No.: 021106-000510US



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

7/25/05

On

TOWNSEND and TOWNSEND and CREW LLP

By:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

KREANG-AREKUL et al.

Application No.: 10/005,473

Filed: November 6, 2001

For: METHODS AND SYSTEMS FOR
COMBINING A PLURALITY OF
RADIOGRAPHIC IMAGES

Examiner: Choobin, B.

Art Unit: 2625

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the non U.S. Patent references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Applicant would like to draw the Examiner's attention to related applications: (1)

U.S. Application No. 11/049,588 filed February 1, 2005 (Attorney Docket No. 021106-

000520US) which is a divisional of the present application; and (2) U.S. Application No. 11/067,594 filed February 25, 2005 (Attorney Docket No. 021106-001810US) which is a continuation-in-part of the present application. The Examiner is requested to consider the prosecution of the above-mentioned applications in the present application.

As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference should be made that the information and references cited are prior art merely because they are in this statement.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

S. B. Kotwal

Sujit B. Kotwal
Reg. No. 43,336

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Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/005,473
				Filing Date	November 6, 2001
				First Named Inventor	KREANG-AREKUL
				Art Unit	2625
				Examiner Name	Choobin, B.
Sheet	2	of	2	Attorney Docket Number	021106-000510US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	AB	Product Brochure by Agfa, "ADC Full Leg / Full Spine Software, High accuracy automated Full leg / Full spine image assembly with ADC"	

Examiner Signature		Date Considered	
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¹ EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

² Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.